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44182 7590 08/23/2006
PATTERSON & SHERIDAN, LLP
APPLIED MATERIALS INC
595 SHREWSBURY AVE
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SHREWSBURY, NJ 07702

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Sheri Griffin

(Depositor's name)

Sheri

(Signature)

10/4/2006

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/628,001	07/25/2003	Matthew F. Davis	AMAT/7938/ETCH/SILICON/JB	3943

TITLE OF INVENTION: METHOD FOR AUTOMATIC DETERMINATION OF SEMICONDUCTOR PLASMA CHAMBER MATCHING AND SOURCE OF FAULT BY COMPREHENSIVE PLASMA MONITORING

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0	\$1700	11/24/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
STEVENSON, ANDRE C	2812	438-009000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	1 <i>Patterson & Sheridan, LLP</i>
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.		2 _____
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Applied Materials, Inc.,

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Santa Clara, CA

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted:

- Issue Fee
 Publication Fee (No small entity discount permitted)
 Advance Order - # of Copies 2

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 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-1074 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature *Robert W. Mulcahy*

Date 09/28/06

Typed or printed name Robert W. Mulcahy

Registration No. 25,436

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